

(FOR CDP USE ONLY)

**Center For Domestic Preparedness**  
**Training Course Application**  
*(Please Print Legibly and Accurately)*

You will select your dates by week number and your class (s) by selecting a Program Letter. Please designate your three choices by listing the desired week of training and program letter found on the training calendar:

Name: \_\_\_\_\_

(First) (MI) (Last)

Male \_\_\_\_\_

Female \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**(For Student Record Use Only)** **(month)** **(day)** **(year)**

**Home Mailing Address:** *(Welcome packet mailed here)*

**Organization/Work Address:**

**(Street address)**

**(Organization Name)**

**(City, State, Zip)**

**(Street Address)**

**(Home telephone or cell number)**

**(City, State, Zip)**

(Fax number)

**(Work Phone Number and ext)**

**Email** \_\_\_\_\_

**Profession:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

**Airport of Departure:** \_\_\_\_\_ **Or if driving, Check Here** ☐

**Area of Jurisdiction**    City ☐    Township ☐  
County ☐    Metro ☐    District ☐    State ☐  
Federal ☐    National ☐    Port ☐  
Tribal Territory ☐

Other (Please specify) \_\_\_\_\_

**Discipline:** Fire Suppression ☐ EMS ☐ Emergency Mgmt ☐ HAZMAT ☐  
Law Enforcement ☐ Public Works ☐ Governmental Administrative ☐  
Public Health ☐ Health Care (Non EMS) ☐ Public Safety Communications ☐

Other (Please specify) \_\_\_\_\_

**NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.**